MAX 1999-2000 State Anomalies - Claims

State	File Type	Record Type	Xover Status	Measure	Issue
_ALL	All	All	All		
				SMRF 98	About 1/3 of the states did not submit MSIS files prior to 1999, so the validation tables do not have a comparison with 1998 data for those states.
					Many of the differences in the SMRF 98 and MAX 99 values are because code values were added and changed in MAX 99 and in general the MAX 99 files are more complete. There was a big change in the Type of Service Categories, Managed Care enrollment, type of Dual Eligibility as well as other variables. PHP & PHP + PCCM enrollees were excluded in the validation tables for 1996-98, but included in 1999. Also, in 1996-98 the capitation claims are included in the FFS sections of the validation tables but excluded in 1999. This impacts the percentages by Type of Service and span bills since most capitation claims are span bills. Finally, there are more people enrolled in managed care in 1999 than there were in previous years, making the comparisons of distributions on claims measures more difficult.
			XO		
				Dual Elig Code	The definition of a dual eligible for the PSF and claims files (and in the validation tables) is somewhat different. The PSF has had the EDB verification of dual status added to the file and EDB verification is used for the definition of a dual eligible in the PSF verification tables. However, in the claims file, crossover claims are identified based on the values in the Medicare Coinsurance/Deductible fields. Dual eligibles can have non-crossover claims.
	Claims		All		
				Adjustments	There are generally more adjusted claims in the 1999 MAX files because of the more intensive review of the 1999 MSIS files to make sure the states were properly submitting adjustments. The MAX Adjustment Indicator was not always properly set and should be ignored.
				Delivery Claims	In some states, the claims for the infant are filled under the mother's MSIS ID for the first few months of life.
				Medicare Coinsur.	During Valids processing, the value '99998' in the Medicare Coinsurance field is not reset to 0.

State	File Type	Record Type	Xover Status	Measure	Issue
_ALL	Claims	All	All		
				Service Type	Starting with the 1999 MAX files, many services were reclassified from the MSIS type of service to the new MAX type of service categories. This makes the comparison on 1998 and 1999 type of service distributions and expenditures difficult in many states, particularly in the OT file.
			XO		
				All	The crossover claims generally are missing many key data elements that are present on non-crossover claims. Procedure and service codes, UB-92 revenue codes, quantity and place of service are often not reported.
				XO Clm Count	In some states there is a significant shift in the percent of claims that are crossovers because of the more intensive review of the 1999 MSIS crossover claims to make sure that they were properly reported.
		IP			
				Hosptial Stays	All claims for contiguous hospital days through the date of discharge are included in a stay record. Claims for new hospital stays that begin on the date of discharge from a previous stays are used to create a new stay record, even if the claims are for the same facility. This is because a person can be re-admitted to the same facility on the day of discharge. Some states submitted claims for additional payments for a hospital stay with the begin and ending dates of service the same as the discharge date. If these are submitted as original and not adjustment claims, there is no foolproof way to determine if they are additional payment for the old stay or a new stay. In the 1999-2000 MAX files, debits that are not reconcilled as an adjustment set end up as separate hospital stays (except for IL 2000 that was corrected).
		IP/LT/OT	XO		
				Crossover Claim Flag	During the MSIS Valids editing, a claim is flagged as a non-crossover if the Medicare Coinsurance & Deductible fields are '8' filled, otherwise it is flagged as a crossover. Some states erroneously '0' filled those fields on non-crossover claims resulting in the indicator being set to 'crossover'.
		LT	All		
				Adjustments	Several states submit separate claims for services provided by LT facilities that are not part of the bundled rate. These often occur in the file with an Adjustment Indicator of Debit.

State	File Type	Record Type	Xover Status	Measure	Issue
_ALL	Claims	LT	All		
				LT Days	In some states there is an over reporting of LT days. This occurs when the state includes covered days on claims for supplemental services as well as on the claim for the bundled services including accommodations.
				Negative Amounts	There are a few claims in some states with negative LT days, coinsurance & deductibles and leave days. Adjusted claims that resulted in a final bill with a negative Medicaid Amount Paid were deleted from the file, but single original claims with negative amounts were left in the file.
			XO		
				XO Clm Count	A low % of xover claims in the LT file is expected because once a person transitions from Medicare SNF to Medicaid, Medicare no longer is the first payer of services.
		OT	All		
				Lab/Xray	Prior to 1999, claims with lab/xray service codes were classified as MAX Type of Service of Lab/xray based on the value of the service codes. In 1999, it was decided to use the state's classifications into MSIS type of service as they were provided with the specifications for those classifications. However, many states did not report lab and xray services with the MSIS type of service of lab/xray. Starting with the 2000 MAX files, once again claims with procedure codes for lab/xray services are crosswalked into the MAX type of service of lab/xray. As a result, there is a big drop in the 1999 MAX files in the percent of claims with a MAX type of service of lab/xray. Researchers using the 1999 files who are concerned about this reporting will need to use the national and state service codes to properly identify all those services.
				OPD/HH	There are fields in the MSIS OT file for both a service code and a UB-92 code as often OPD and HH claims are billed on a UB-92. Some claims have either a service code or UB-92 code and a few states provide both.
		RX			
				NDC	Some states report compound drugs in the NDC field as 'COMPOUND'. However,during the Valids editing process in 1999-2002 the value 'COMPOUND' was converted to blanks as it didn't meet the NDC edit format specification. This was corrected starting with the 2003 Q1 MSIS files.

State	File Type	Record Type	Xover Status	Measure	Issue
_ALL	Claims	RX	All		
				Adjustments	Most states have a very small percentage of RX adjustments because most adjustments are done POS.
				Date Prescribed	The date prescribed is not available in most states. Some states have put the date filled in the date prescribed fields.
				Prescribing Phys.	The prescribing physician ID is not available in most states.
	PSF	All			
				SSN	There are some person summary records with duplicate SSN's. In most states this is a very small number, but there are a few states where is it fairly large. This can occur in states like TN that change a person's Medicaid ID number when they change managed care plan or move to another county. For the most part these are truly multiple records for a single individual and researchers may want to combine and resolve them.
		Claims			
				Managed Care	Starting in 1999, measures for people enrolled in PHP's are included in the FFS sections of the MAX PSF validation tables. They had been excluded from those sections in the 1996-98 PSF validation tables, often resulting in a huge increase of claims and expenditures in 1999. This makes the comparison of the 1998 and 1999 measures very difficult in states with a large PHP enrollment.
		LT			
				LT Days	The LT covered days fields are no longer capped at 365 days. Some states erroneously report days on claims for supplemental services as well as the bundled rate claim. Also, days paid for by the patient as Patient Liability may be included on the claim. The level of institutionalization can be reported more easily by using months of institutional LTC, rather than days.
		PSF			
				SCHIP	PSF records for people enrolled any time during the year in SCHIP are kept in the PSF. There are no claims for these enrollees. These records are identified using the SCHIP IND codes in MSIS. PSF for non-SCHIP enrolles are only included in the PSF if they have either months of eligibility or claims.

State	File Type	Record Type	Xover Status	Measure	Issue
AK	Claims	IP			
				DRG	AK does not report DRG's into MSIS.
				IHS	About 20% of the IP claims are billed on the IHS (Indian Health Service) claim form rather than the UB-92 and therefore do not have UB-92 codes. AK did not start reporting Program Type of IHS until FFY Q2 2003.
		IP/LT	XO		
				Procedures & DX	There is a drop in the percent of IP crossover claims with procedure codes and LT crossover claims with diagnosis codes.
		LT			
				Diagnosis	Some diagnosis codes are padded on the right with zeros.
				Medicaid Amount Paid	The average Medicaid amount paid per day is about 2 times higher than expected, but is consistent across years.
				NF Claims	AK has a lower % of people with NF claims as they have a relatively small aged population and an active waiver program.
				Patient Liability	There is a lower than expected % of claims with patient liability.
				Type of Service	There aren't any claims with a type of service of ICF/MR or Mental Hospital/Aged.
					At least half the claims have a type of service of Inpatient Psychiatric Under 21 years which is much higher than expected.
		RX			
				Program Type	There aren't any claims with a type of program of FP.
				TPL	There are only a few claims with TPL.

State	File Type	Record Type	Xover Status	Measure	Issue
AL	Claims	IP			
				DRG	AL does not report DRG's.
				Family Planning	There are no claims with a Program Type of Family Planning.
				Patient Status	Patient status is missing on some claims.
				Prenatal MC	Many pregnant women are enrolled in the pre-natal/deliver managed care program. However, the state submits their claims in the IP file with the global payments. These claims are missing some key data elements such as UB-92 codes and procedures. The inclusion of the claims in the IP file is one reason for the big increase in FFS in 1999. These people show up as enrolled in pre-natal managed care, but do not have capitation claims.
			XO		
				Claim Count	A larger than expected percent of IP claims are flagged as crossovers, especially considering the enrollment of duals in managed care. This may be the result of improper coding of the Medicaid Coinsurance and Deductible fields.
		LT			
				NF Days	The number of NF covered days is missing on about half the claims in 1999.
				TPL	Very few claims have TPL.
				Type of Service	There aren't any claims with a TOS of IP Psych. < 21.
		OT			
				Capitation Claims	The state did not start submitting individual PHP capitation claims until FFY 2001 and the number of HMO capitation claims is under reported in 1999
		RX			
				NDC	Adjustment claims do not have an NDC code. The state uses the ICN to link originals and adjustments and therefore didn't neeed to add the NDC. This means that the RX expenditures will be somewhat overstated as most RX adjustments are voids.

State	File Type	Record Type	Xover Status	Measure	Issue
AL	Claims	RX		Type of Service	On claims with a TOS of ’19’, these are for Clozapine Support System - This is a kit, used to monitor the blood of individuals using Clozaril (a drug with significant negative side effects). The NDC code on these claims is "CLOZSS". effects)

State	File Type	Record Type	Xover Status	Measure	Issue
AR	Claims	All			
				Adjustments	Some claims may not have been adjusted properly due to the way adjustments were submitted to MSIS.
		IP			
					There are lots of sets of original and debit claims that are actually supplemental payments. As a result there lots of claims flagged as non-standard adjustments.
				Diagnosis	The state only reports up to 2 diagosis codes.
				DRG	AR does not use DRGs.
				Family Planning	There are not claims with a Program Type of Family Planning.
		LT			
				Patient Liability	The state does not report Patient Liability on LT claims.
				Type of Service	There are not claims with a type of service of Mental Hospital Aged.
		OT			
				OPD	OPD claims do not have UB-92 codes.
				PCCM Caps	AR has submitted PCCM capitation payment claims for everyone enrolled in Medicaid, instead of those enrolled in a PCCM from 1999-2002. The valid PCCM cap claims can be identified by linking with the PSF to find those people actually enrolled in a PCCM.
		RX			
				Dates	The fill date is reported in both the fill and prescribed date fields, so the prescribed date should be ignored.

State	File Type	Record Type	Xover Status	Measure	Issue
AZ	Claims	All			
				Managed Care	Since most people are enrolled in managed care plans, FFS distributions are not always as expected.
			XO		
				FFS Claim Count	There are very few crossover FFS claims. This is because most dual eligibles are enrolled in managed care.
		IP			
				Program Type	There aren't any claims with a program type of family planning due to the characteristics of the special populations in FFS.
				UB-92 Revenue Codes/I.H.S.	About 1/4 of the claims are missing UB-92 revenue codes as they are I.H.S. claims.
		LT			
				IP/Psych and Aged/MH	There are no IP/Psych or Aged/MH claims for FFS Non-Crossover
				TPL	There aren't any claims with TPL due to the small FFS population and the percent of claims with patient liability is lower than expected.
				Type of Service	The files include mostly claims with a type of service of NF and only a few ICF/MR (depending on the quarter).
		OT			
				Amount Charged	The amount charged is mostly missing.
				Capitation Claims	AZ sometimes makes multiple capitation payments per person/month/plan to cover different plan services.
				Crossover Ind	All the capitation claims are flagged as crossover claims as the Medicare coinsurance/deductible fields are '0' filled instead of '8' filled in the source MSIS files.

State	File Type	Record Type	Xover Status	Measure	Issue
AZ	Claims	OT			
				OPD Claims	Because the Medicaid Amount Paid is only available on the header portion of the UB-92 claim and not associated with each line item, AZ submits the line item claims with $0 Medicaid Amount Paid and a summary claim without the service detail, but with the total Medicaid Paid. During MAX processing, the line item claims with $0 paid are dropped.
				Program Type	There aren't any FQHC claims because AZ doesn't have a FQHC program.
				Waiver/Program Type	There aren't any FFS or encounter claims with a Program Type of Waiver Services. AZ says that waiver services are being provided as part of managed care.
		RX			
				Claims counts and amounts paid	AZ had problems with their RX claims processing resulting in substantial changes in claims counts and amounts paid. It is expected this will be corrected in 7/02.
				Prescribing Physician ID/TPL	The prescribing physician ID and TPL amount are always missing.
				Quantity	Quantity is always 0.
				TPL Amount	TPL amount is always missing.

State	File Type	Record Type	Xover Status	Measure	Issue
CA	All	All			
				Presumptive Eligibility	There are about 500,000 people in the CY 1999 MSIS files who have claims, but no EL record. These are mostly presumptively eligible pregnant women. If they are later deemed to be eligible for Medicaid, they are assigned a new Medicaid ID that does not link back to the Temp ID.
	Claims	IP			
				Diagnosis	Maximum of 2 diagnosis codes.
				DRG	CA does not use DRG's for reimbursement, but rather a negotiated daily rate
				Patient Status	The percent of claims with a patient status of 'still a patient' is higher than expected because of the inclusion of Short/Doyle (psych) and LA Waiver facilities.
				Procedure Codes	The state only captures a maximum of 2 procedures in its claims processing system.
				UB-92 Codes	Claims for Short/Doyle and LA Waiver facilities are not billed on the UB-92 forms and so are missing the UB-92 Revenue Codes
		LT			
				Diagnosis	The state only reports a maximum of 2 diagnosis codes on LT claims.
				Patient Liability	The percent of claims with patient liability is lower than expected.
		OT			
				OPD	OPD claims have service codes and not UB-92 Revenue Codes.
				Waiver	There is a low percentage of waiver claims in the file. The state reports that is
		RX			
				NDC	The NDC field is 12 byte '8' filled for crossover drug claims as the NDC is unknown on those claims.

State	File Type	Record Type	Xover Status	Measure	Issue
CO	Claims	Adjustments			
				Copay	Some positive credits and negative debits due to the co-pay is deducted from line items.
		IP			
				DRGs	State recodes HCFA DRGs into state DRGs
		OT			
				Amount Paid	There are several clms with amount paid = $99,999. This is a valid amount, not improperly '9' filled field. This occurs when the total amount paid is greater than 99,999, so multple claims are generated.
				HCPCS and CPT codes	In December 2003, Colorado's fiscal agent reported that the state has been "redefining" national HCPCS and CPT codes to meet its own needs for many years. Requested copy of redefined codes, as yet not received.
				Lab/Xray	Lab/X-ray claims have dx codes as that is how they receive them from providers.
				Medicaid Paid	More claims than expected with $0 because of the way cost sharing is applied
				Private Insurance	CO purchases private health insurance for some enrollees. The premium payments are reported with Type of Claim = 2, Type of Service = 19.
		RX			
				Duplicates	There appear to be duplicate RX claims.
				NDC	Compound drugs are coded in the NDC field as 'COMPOUND'.

State	File Type	Record Type	Xover Status	Measure	Issue
CT	Claims	IP			
				Chronic Hosp.	Chronic desease hospital claims are in IP files. This impacts UB-92, patient status codes and LOS. These facilities are not generally billed on a UB-92 form.
				DRG/DRG Grouper	The DRG and DRG grouper are missing as not used for reimbursement
				Patient Status	The Patient Status % for "Home" is low, but is high for "Transferred" for FFS Non-Crossover
		IP/LT/OT	XO		
				Type of Service	All crossover claims (IP/LT/OT) are in the OT file for FFY 1999. CT corrected the problem beginning with FFY 2001.
		LT			
				Admission Date	The admission date is always missing.
		OT			
				HH Claims	The % of HH claims is high because the state is able to submit line item services instead of just a summary bill.
				Place of Service	% with office place of service lower than expected because it is not reported on HH claims and there are a large number of those claims.
				Service Codes	There are a few state specific codes that have more than one definition, but the state service code indicator is the same.
		RX			
				Date Prescribed	Date prescribed missing

State	File Type	Record Type	Xover Status	Measure	Issue
DC	Claims	All		TPL	TPL missing on all claims, except a very few in the RX file
		IP		Discharge Status	There is a higher percent than expected with a discharge status of 'still a patient'
				DRG	DRG's are not included on about 35% of the claims
				Length of Stay	The average length of stay is about 8 days which is higher than expected. The state confirms it is correct.
				UB-92 Revenue Codes	About 9% of the claims don't have UB-92 accomodation codes due to partial bills for hospitalizations.
			XO	Number of Claims	There is a higher than expected percentage of crossover claims.
		IP/OT		Service Code Ind.	There are some claims with an incorrect Service Code Indicator value for the format of the service code.
		LT		Diagnosis Code	Most LT claims have a diagnosis code of 799.9 until Q4 2002 when they are converted to 'unknown'.
		OT		Dental Claims	There are very few dental claims in the OT file. The state confirms that is correct.
				Program Type/FQHC	There aren't any claims with a Program Type of FQHC.
				Type of Service	All claims with a type of service of OPD have service codes instead of UB-92 revenue codes as they bill using the HCFA 1500.
				Waiver	There are very few waiver claims as DC just started its waiver programs in 1999. The percent increases in 2000.

State	File Type	Record Type	Xover Status	Measure	Issue
DC	Claims	RX			
				Family Planning	There aren't any claims with a program type of family planning.
				Prescribed Date	The date prescribed is always missing.

State	File Type	Record Type	Xover Status	Measure	Issue
DE	Claims	IP			
				Bundled Claims	The state pays for bundled services for Services for Children, Youth and their Families (DSCYF) that includes inpatient care. These claims do not have UB-92 revenue codes, patient status or admission date. The number of these bundled claims nearly doubled between Q1 and Q2 1999.
				DRGs	DRGs are not included as they aren't used for reimbursements.
				Patient Status	There were no claims with a Patient Status of 'Still a Patient' until 2002.
				Program Type	There aren't any claims with Program Type of Family Planning.
		LT			
				Covered Days/TOS	There are not any covered days on claims with a type of service of 04.
				TPL	TPL is missing on all claims.
		OT			
				PCCM	There aren't any PCCM capitation claims because PCCM providers are paid on the basis of services provided, not a captiated rate.
				Place of Service	Place of service is missing
				Program Type	The files do not contain any claims with a Program Type of FQHC.
				Type of Service	Claims with a TOS of Transportation make up between 26-40% of all services. Starting with FFY Q1 2003, there will be a transportation managed care program.
		RX			
				Compound Drugs	Compound drugs are all reported as COMPOUND
				Date Prescribed/Refill Indicator	Date prescribed & refill indicator are missing

State	File Type	Record Type	Xover Status	Measure	Issue
FL	All	All		MSIS ID	The MSIS ID consists of the SSN with a check digit in the 10th position. It turns out that the check digit was calculated differently on some claims. In MAX, the 10th position was dropped from both the claims and eligibility records in order to link the files.
	Claims	IP		DRG	FL does not report DRG's into MSIS.
		LT		Missing info	The Patient Status, Diagnosis and Admission Date are missing on most claims.
				Service Type	FL does not submit any claims with a Type of Service of IP Psychiatric Services for under 21.

State	File Type	Record Type	Xover Status	Measure	Issue
GA	Claims	All			
				Adjustments	GA did not correctly report adjustments in their MSIS files making it very difficult to properly adjust some of the claims.
				SCHIP Claims	GA submitted claims for their SCHIP enrollees. These claims can be identified using the eligibility codes. They should not be included in the files as these are not Medicaid enrollees.
		IP			
				DRG	DRG's were reported in the MSIS files, but they were submitted as character fields instead of numeric. For that reason, during the Valids editing process they were converted to 0's. This problem was corrected in FFY Q3 2003 MSIS files.
				Family Plan	There are no claims with a program type of family planning.
		LT			
				Diagnosis	Diagnosis codes are missing on all claims.
				Leave Days	Very few claims have leave days.
				Service Type	GA does not provide Aged MH or IP Psych < 21 services.
				TPL and Liability	There is no reported TPL and the percent of claims with patient liability is lower than expecrted.
		OT			
				Transportation	There are very few claims with a type of service of transportation due to the transportation managed care program.
		RX			
				Family Planning	There are no family planning claims in the RX file.
				NDC	The NDC code is missing on a few void claims in 1999-2000 making those claims difficult to adjust properly. That field is either blank or 11 byte 9 filled (instead of 12 byte).

State	File Type	Record Type	Xover Status	Measure	Issue
HI	Claims	All			
				Adjustments	The 1999-2001 files contain very few adjustment claims and they are all voids with $0 paid. The files that AZ received from HI were supposedly mostly adjusted. They believe that the $0 paid voids, actually had a negative amount paid that wasn't allowed in their system, so they were converted to $0. For this reason, it isn't possible to create correctly adjusted claims. The 2002 files have negative amounts paid on void claims, but the resubmittal claims still have $0 paid. This was fixed starting with the 2003 files.
				All	The 1999 HI MSIS files were created from old legacy files that were missing several key MSIS data elements.
				MSIS Files	AZ is creating the HI MSIS files. They took over what HMSA had in their legacy files for 1999-2002 and there are many problems/missing information in those files. Starting with 2000, AZ took over the MMIS processing as well and they expect all these problems to be fixed.
		IP			
				Covered Days	Covered days are not reported in the 1999 files.
				DRGs	There are no DRGs in the IP file
				Long Stay Hospitals	1999-2002: It appears that there may be some claims from long stay hospitals in the IP file as about 15% of the claims have a status of 'still a patient' and they are missing UB-92 ancillary codes. Also the average number of days stay is 9 which is higher than expected.
				UB-92 Ancillary Codes	The % Claims with UB-92 Ancillary codes is low for FFS Non-Crossover claims.
			FFS		
				DRGs	There are no DRGs on the input MSIS files.

State	File Type	Record Type	Xover Status	Measure	Issue
HI	Claims	IP	XO		
				Crossover Claims	Very few of the IP claims in the 1999-2001 files are flagged as crossovers. The state believes they are in the file, but just not identified. The coinsurance and deductible amounts are carried as separate line items. HI expects to fix this starting with the 2002 or 2003 files.
		IP/OT			
				TPL	There are very few claims with a TPL amount and it is always $0 or negative in
		LT			
				Charge	The Charge is always missing in the 1999 files.
				Covered Days	No covered days are reported in the 1999 files.
				Leave Days	1999-2001: Leave days are not reported.
				Type of Service	There are no IP Psych <21 (TOS 4) and Aged/MH claims for FFS Non Crossover
			XO		
				Crossover Claims	There are no crossover claims.
		OT			
				Charge	The Charge is always missing in the 1999 files.
				CPT-4/Procedure Codes	Some of the CPT-4 codes have an invalid length of 7 in 1999.
				Crossover Ind	All the capitation claims are flagged as crossover claims as the Medicare coinsurance/deductible fields are '0' filled instead of '8' filled in the source MSIS files.
				OPD Claims	Because the Medicaid Amount Paid is only available on the header portion of the UB-92 claim and not associated with each line item, AZ submits the line item claims with $0 Medicaid Amount Paid and a summary claim without the service detail, but with the total Medicaid Paid. During MAX processing, the line item claims with $0 paid are dropped.

State	File Type	Record Type	Xover Status	Measure	Issue
HI	Claims	OT			
				Program Type/FQHC	Very few of the 1999-2001 claims have a program type of FQHC, however, HI does have FQHC's.
				Quantity	The quantity is always missing in the 1999 files. This will be fixed in the 2000
				Service Code	The most frequent Service Code in the OT file is Z9020 (taxes). The taxes are carried as separate line items on HI claims. These claims will be included in the 1999 files, but should be ignored except for reporting expenditures. This will be fixed in the 2000 files.
				Type of Service	There aren't any claims with a Type of Service of HH in 1999.
				Waivers	The 1999-2002 files do not include waiver claims as they are processed by a different state agency and weren't provided to AZ as input into those files. Claims with a Program Type of Waiver start occuring in the 2003 files.
			FFS		
				OPD UB-92 Revenue Codes	FFS non-crossover OPD claims (MAX TOS=11) do not have any revenue codes in the year 2000.
		RX			
				Dates	The fill date is reported in both the fill and prescribed date fields, so the prescribed date should be ignored.

State	File Type	Record Type	Xover Status	Measure	Issue
IA	Claims	IP		Average Paid	Although the total number of FFS non-crossover IP claims didn't change from 1998 to 1999, the average amount paid increased about 60%. The state has no
				Family Planning	There are no family planning services in the IP file because they are billed separately on HCFA 1500 forms.
			XO	Average Paid	The number of FFS crossover claims dropped from 27,792 in 1998 to 9,969 in 1999 and the average Medicaid Amount Paid increased by more than 300%. The state has no explanation.
		LT		Diagnosis	The diagonsis code is missing on most claims.
		OT		Type of Service	There aren't any claims with a type of service of PCS and hospice.
	PSF	Claims		Average Paid by TOS	The average amount paid for OPD, Clinic and HH users increased signficantl from 1998 to 1999.

State	File Type	Record Type	Xover Status	Measure	Issue
ID	All	All			
				MSIS ID	There was a change in the assignment of MSIS ID Numbers just prior to 1999, so the ID numbers in the previous files will not link to the the post-1998 files.
	Claims	IP			
				DRGs	There are no DRGs in the FFS Non Crossover claims
				Family Planning	There are no claims for family planning for FFS Non Crossover
		LT			
				TOS/ICF MR	Almost 20% of the claims have a type of service of ICF/MR which is much higher than expected.

State	File Type	Record Type	Xover Status	Measure	Issue
IL	Claims	IP			
				Debit Claims	The IP files have a large number of debit claims that do not link to original claims. They appear to be replacements without the original and void claims. These claims are missing some key information such as UB-92 and diagnosis codes. It turns out that the state specific adjustment rules were not correct. They were revised starting with the 2000 files.
				UB-92 Revenue Codes	There are some claims without UB-92 Revenue Codes or procedures because there are so many debit claims and those claims do not have that information.
		LT			
				Discharges	Discharge Status is missing on all claims.
				Inpatient Psych	Up until FFY MSIS Q3 2001, IL incorrectly reported claims for Inpatient Psych. Under age 21 with a TOS of NF.
				TPL	TPL is always missing.
			XO		
				Claim Count	There are only 2 crossover LT claims.
		OT			
				Capitation Claims	It was not possible to properly adjust the capitation claims because the dates on the original and adjustment claims did not match.
				Dental Claims	There are very few dental claims in the 1999 files due to confusion with the dental provider.
		RX			
				Adjustments	The RX claims could not be properly adjusted because the adjustment claims do not include the NDC. Therefore, some claims that were actually voided appear in the MAX 1999 files.
					The RX files did not have any adjustment claims.

State	File Type	Record Type	Xover Status	Measure	Issue
IN	Claims	IP			
				Program Type/Family Planning	There aren't any claims with a program type of family planning.
				UB-92 Ancillary Codes	The percent of claims without ancillary UB-92 revenue codes has been increasing over time. It was 2% in Q1 2000 to 7% in Q4 2000 to 9% in Q4 2002.
		RX			
				Prescribed Date	The date filled is also in the date prescribed field.

State	File Type	Record Type	Xover Status	Measure	Issue
KS	Claims	All			
				Adjustments	The state indicated that there may be originals and then resubmittals without voids. However, it doesn't appear to be that way from the DQ tables.
			XO		
				Medicaid Amount Paid	There are some claims where the Medicaid Coinsurance/Deductible amounts are not put in the Medicaid Amount Paid field.
		LT			
				Covered Days	If the state does not pay for all covered days on claim, the covered days field is not corrected on the claim, only the payment is changed for the approved number of covered days.
				Medicaid Amount Paid	There is a higher % of claims with $0 Medicaid Amount Paid, due to the application of spend down.
				Patient share payments	The expected % of claims with patient share payments is lower than expected, but the state verifies that it is correct.
		OT			
				Capitation Claims	HMO capitation claims are under reported in 1999.
				Local DX Codes	KS uses some local diagnosis codes.
				UB-92/OPD	The state system does not carry UB-92 codes on OPD claims, but all OPD claims have service codes.

State	File Type	Record Type	Xover Status	Measure	Issue
KY	Claims	IP		DRG	KY did not report DRG's in the MSIS files.
		LT		Leave Days	The state does not pay for leave days.
		OT		Capitation	The 1999 files do not include individual PCCM capitation claims.
				Dental Codes	Dental codes flagged as state specific. They can be converted into HPCPS codes by replacing leading 0 with D
				Family Planning	There are no FP claims.
				Service Codes	There are many claims without service codes as state uses UB-92 for HH, hospice, and OPD.

State	File Type	Record Type	Xover Status	Measure	Issue
LA	All	All			
				MSIS ID	Although LA is an SSA state, prior to mid-1999, they did not veify enrollees SSN's. In their internal processing they used a state defined Medicaid ID. This resulting in some people having multiple MSIS ID numbers.
	Claims	IP			
				DRGs	The file does not contain DRGs.
				Procedure Code	In the 1999 files Procedure Code 2 has '88' added to the end of the field. LA will fix in future.
					The principal procedure code date is missing.
			XO		
				Crossover Claims	There is a large % of crossover claims. The state verifies that this is correct.
		LT			
				Admission Date	The admission date is missing on most records.
				Diagnosis Codes	The diagnosis codes are missing on most claims.
		OT			
				Service Code Flag	About 10% of the Q199-Q499 claims have a service code flag of 10, but a service code value of '0'.

State	File Type	Record Type	Xover Status	Measure	Issue
MA	Claims	All			
				Capitation	Capitation payments to plans are made quarterly, not monthly. Even so, there appears to still be somewhat of a shortfall as there are fewer capitation claims than quarterly enrollment in managed care.
		IP	XO		
				Crossover Claims/Adjustments	There is a large percentage of crossover claims and very few adjustments - mostly voids.
		LT			
				Diagnosis Codes/Leave Days	There are very few diagnosis codes and no leave days on the files.
		OT			
				Capitation	PCCM payments are only made if there is actually a PCCM visit.
				Place of Service	30 percent of the original, non-crossover claims do not have a Place of Service. Most of these claims are outpatient hospital department claims (TOS = '11') or Lab and X-ray claims (TOS = '15')
				Program Type	There aren't any FQHC claims even though the state has an FQHC program.
				Program Type/EPSDT	Most services to children under age 21 have a Program Type of EPSDT.

State	File Type	Record Type	Xover Status	Measure	Issue
MD	Claims	All			
				Enrollment/HealthChoice	Nearly two-thirds of the Medicaid recipients are enrolled in the HealthChoice Program. The remaining one-third tend to be either sicker (many institutionalized) or covered by Medicare. As a result, the distribution of Maryland's FFS claims may seem quite different from the distribution for other states.
		IP			
				DRG	Maryland does not use DRGs for reimbursement..
				FFS Hospital Costs	Because nearly two-thirds of Medicaid recipients are enrolled in managed care, the fee-for-service hospital costs tend to be higher than for other states with less Medicaid managed care. See above comment about types of enrollees included in FFS.
				UB-92 Ancillary Codes	A higher than expected percentage of original, non-crossover FFS claims do not have ancillary codes. This higher pecentage is due to a higher percentage of per diem hospitals that remain for the sicker population. These hospitals only receive a room and board charge.
		LT			
				Diagnosis Codes	Most LT claims do not have diagnosis codes.
				Leave Days	MD does not report leave days.
				Patient Status	No one has a patient status code of 'died'.
			XO		
				Crossover Claims	There are no crossover claims
		OT			
				Type of Service	The distribution of claims, by Type of Service, is unusual due to the high percentage of individuals enrolled in managed care. Most of the original, non-crossover FFS claims are for Home Health, Physical/Occupational Therapy or Rehabilitation.
		RX			
				Family Planning	There are no Family Planning claims.

State	File Type	Record Type	Xover Status	Measure	Issue
ME	Claims	All			
				Adjustments	There are very few adjustment claims on the files. Maine has indicated that the number of adjustment claims is accurate.
		IP			
				Accommodation Code	Approximately 10 percent of the original, non-crossover FFS claims do not have an accommodation code. This percentage is higher than expected. However, because Maine prepays hospitals, the Revenue code is not used to reimburse hospitals, and therefore it would not be unusual to have a higher percentage of claims without accommodation codes than expected.
				DRG	ME did not report DRG's in the MSIS files.
				Family Planning	Family Planning program type was not reported in 1999.
			Crossover		
				Coins/Deduct.	ME stopped paying the Coinsurance/Deductibles on IP claims in about 2001, so there are very few crossover claims in the file.
		LT			
				Leave Days	The state doesn't report leave days.
		OT			
				Payment	Maine creates a summary bill on outpatient department claims with separate line items. Each line item should be included as a separate claim without the TPL, and then an additional claim should be included that has only the TPL amount. The TPL amount would be a negative dollar value matching the positive value in the Other Third Party Payment field. As a result, there are original and resubmittal claims with a negative Medicaid Amount Paid.
				PCCM Caps	ME did not start submitting PCCM capitation payments until FFY 2000 Q1.
				Service Type	A small percentage of claims have an incorrect Service Code Indicator = 6 for the format of the service code.
		RX			
				Adjustment Claims	There are no adjustment claims on the file. Maine has indicated that this is OK, because drug claims are Point of Service.

State	File Type	Record Type	Xover Status	Measure	Issue
MI	Claims	All			
				TPL	TPL is missing on all claims.
		OT			
				Capitation	The BHO capitation payments are reported as lump sum payments in the 1999-2002 OT files. The state started submitting individual BHO capitation payments in
				Place of Service	The Place of Service of ER is not reported in the 1999-2000 MSIS files.
				Service Codes	There are not any service codes or UB-92 revenue codes on OPD claims.

State	File Type	Record Type	Xover Status	Measure	Issue
MN	Claims	IP		Family Planning	There aren't any family planning claims. The state said none meet the definition. The professional component is billed in the OT file.
				Patient Status	There was a large increase in the percentage of Patient Status=Transferred from 1998-1999 (5% to 20%) for FFS Non Crossover claims
			XO	% Crossover Claims	There is a larger than normal percentage of crossover claims (31%)
		IP/LT		Chemical Dependency Claims	Starting in Q3 2001 the state moved their chemical dependency claims from IP to
		LT		Diagnosis Codes	The diagnosis code is '00000' on most claims.
				ICF/MR claims	The percent of ICF/MR claims is greater than expected.
				ICF/MR days	The ICF/MR days are missing on many ICF/MR claims.
		OT		Lab Claims	The percent of lab claims is lower than expected.
				Provider Specialty Code	The provider specialty code is missing on most claims.

State	File Type	Record Type	Xover Status	Measure	Issue
MO	Claims	IP			
				Adjustments	The percentage of adjustment IP claims was very high in 1999 due to a one time massive adjustment.
				Diagnosis Codes	One of most frequent diagnosis code - Y85 is not a valid ICD-9 code
				DRG	The state does not report DRG's.
				Patient Status	The % of claims with a patient status code of 'still a patient' is higher than expected.
		LT			
				Admission Date	The admission date is missing
		OT			
				Service Codes	The OPD claims have service codes instead of UB-92 revenue codes.
				Service Codes/UB-92/OPD	OPD claims have service codes rather than UB-92 revenue codes.
				Service Type	About 1/3 of the claims have a type of service of 'other services'. The state says these are mostly for homemaker chores.
				Servicing ID	The Servicing ID is mostly missing
				Type of Service	33% of clms have service type 19. The states says those are mostly claims for homemaker chores
					There aren't any claims with a type of service of sterialization or abortion.
		RX			
				NDC	Compound drugs are coded as 'compound' in the NDC field.
				Refill	The refill indicator is missing on all claims

State	File Type	Record Type	Xover Status	Measure	Issue
MS	Claims	IP			
				DRGs	The state does not report DRGs
				Family Plan	There are no claims with a Type of Program of Family Planning.
		LT			
				Service Type	The state does not cover Mental Hospital for the Aged services.
		OT			
				Capitation Claims	The MS HMO program ended 10/99, however, there are some lagged capitation claims and around 8,000 HMO enrollees listed in the Q1 and Q2 2000 EL files.
				PCCM	There are no PCCM claims in the 1999 files. The state starting including these claims in the FFY 2000 files.
				UB-92 Revenue Codes	The state has put revenue codes into the service code field on about 25,000 original non-crossover claims in Q1 1999.
		RX			
				Quantity	The Quantity was not reported on most drug claims into the MSIS Q3 2000 - Q4 2003.

State	File Type	Record Type	Xover Status	Measure	Issue
MT	Claims	IP			
				DRGs	The DRGs appear to be CMS DRGs, but they are state specific. According to the state, "We initially believed that “MT” was appropriate because we expand the 3 digit HCFA grouper into a 5 digit version for Montana to indicate patient age and facility size. Our concern is that the HG followed by the 5 digit DRG will result in another data validity edit."
				Program Type	There are no claims with a Program Type of Family Planning. According to the state, "The Montana MMIS does not specifically mark claims as family planning based on the face of the claim. Family Planning services have to be identified using procedure codes.
		LT			
				Patient Status	1999-2001 files: Patient Status is not available on most claims even though it was submitted on 1998 MSIS files. Montana claims that only a few facilities ever report anything in the field, and that when something is reported it is almost always "unknown."
				TPL	On all original claims, the Other Third Party Payment amount is almost always $0. This is OK according to the state, who notes that "The Nursing Home TAD claim form does not contain a field specifically for TPL (third party liability). This amount has been included in the personal resource amount."
				Type of Service	1999-2001 files: State reports that mental health services are entirely state-funded and therefore not included in MSIS.
					There are no claims with a Type of Service of '02' (Aged Mental Health Hospital) or '04' (Child Inpatient Psych.) in the Q1-3 1999 files.
			XO		
				Crossover Claims	There are no crossover claims on the file. The state does not process long term facility claims as crossovers.
		OT			
				Lab Claims	The percent of lab claims is lower than expected.
				PCCM	There is a significant shortfall of PCCM capitation claims

State	File Type	Record Type	Xover Status	Measure	Issue
NC	Claims	All			
				Adjustments	There are very few adjustments as the state does most of their adjustments as cost settlements.
		IP			
				DRG	Some HCFA DRG's were recoded by the state to state defined codes (801-805, 810).
				Procedure Codes	The procedure code field sometimes contains '8888' instead of '88888'.
		LT			
				ICF/MR	There is a somewhat higher than expected percentage of ICF/MR claims, but the state confirms this is correct.
		OT			
				Capitation Claims	It appears that NC submitted their BHO capitation payments claims with a type of service 20 (HMO Cap) instead of 21 (PHP cap). These claims can be properly identified using the Plan ID.
				Place of Service	The place of service is missing or has invalid codes on most claims in 1999. The percent with valid codes has increased somewhat over time. About 60% of the OT claims have valid codes in the 2002 files.
				Service Code Indicator	All claims with service codes have a Service Code Indicator of 6 (HCPCS), but about 40% of the codes are CPT-4 and should have in indicator of 1.
		RX			
				NDC	The file contains some non-standard state defined NDC's. They start with 'OA'.

State	File Type	Record Type	Xover Status	Measure	Issue
ND	Claims	IP			
				CPT-4 Indicator	The percent of FFS Non Crossover claims with Procedures that have a CPT-4 Indicator dropped from 55% in 1998 to 0% in 1999.
				UB-92 Codes	About 6 percent of the claims do not have ancillary codes. This is because MH and rehabilitation claims are billed using the comprehensive UB-92 code that includes accommodations and ancillary services.
		LT			
				Diagnosis Codes	Nearly all of the claims do not have diagnosis codes.
		OT			
				Capitation	There are about 2,000 people enrolled in an HMO but there aren't any original HMO capitation claims, only adjustment claims.

State	File Type	Record Type	Xover Status	Measure	Issue
NE	Claims	OT			
				Service Tracking	In the 1999 and 2000 files, NE include a lump sum claims for most of their waiver, transportation, and targeted case management claims. Most of these claims are processed outside of Nebraska's MMIS.
		RX			
				Days Supply/Date Prescribed/New Refill Indicator	The following data elements are not available: Days Supply, Date Prescribed, and New Refill Indicator.

State	File Type	Record Type	Xover Status	Measure	Issue
NH	Claims	LT			
				Admission Date	The admission date is missing on most claims as that information is not collected on the NH claim form.
		OT			
				Diagnosis Code/Clinic Claims	About a quarter of the clinic claims do not contain a diagnosis code.

State	File Type	Record Type	Xover Status	Measure	Issue
NJ	Claims	LT		IP Psych Hospitals	The claims from 5-6 inpatient psych hospitals were inadvertantly left out of the files prior to FFY 2002. This was fixed starting with Q1 2003. The state doesn't know how long those claims were omitted.

State	File Type	Record Type	Xover Status	Measure	Issue
NM	Claims	IP			
				Discharge Status	There is a higher than expected percent of records when a Discharge Status of 'still a patient.'
				DRGs	Approximately one-quarter of the claims do not have DRGs. These include Indian Health Service (IHS) inpatient per diem claims.
				Duals	There are many more crossover claims than non-crossover claims, because dually eligible recipients are not in managed care, and virtually all other recipients are.
				Family Planning	There are no family planning claims.
				UB-92 Ancillary Codes	Approximately one-quarter of the original, non-crossover claims do not have ancillary codes. These include Indian Health Service (IHS) inpatient per diem
		LT			
				Diagnosis Codes	The diagnosis code is missing on nearly all claims.
		OT			
				Place of Service	New Mexico does not currently have a separate Place of Service code for ER. For a UB-92 invoice, any line item with a rev code of 450, 451, or 452 would be considered an emergency room place of service. The State does not have the information needed to capture ER place of service on their physician/clinic claims.
		RX			
				Drug Groupers	The percent of drug claims with HICL, Medispan, AHFS, GTC, GC3, and Smart Key are all on the low side indicating that some claims may have not contained valid NDC's.

State	File Type	Record Type	Xover Status	Measure	Issue
NV	Claims	IP			
				Diagnosis Codes	The diagnosis code fields 2-9 are blank, because the state does not collect this information in its existing system.
				DRGs	The DRG code is always missing as they don't use DRG's for hospital
				Revenue Codes	There are no revenue codes on the file, because the state's system does not capture the revenue codes.
				State defined codes	The state puts state-defined codes in the IP procedure code field that just report the type of hospital stay - like medical/surgical 1 -5 days stay.
		IP, LT, OT			
				Diagnosis Codes	In 1999 the diagnosis codes are padded with zeros. All diagnosis codes are five digit codes, as a result. This was fixed for the most part starting with Q1 2000.
		LT			
					Diagnosis codes are missing on most claims in 1999, but are reported for the most part starting with the 2000 files.
				Leave Days	The files do not include leave days.
				Medicaid IP Covered Days	Medicaid IP Covered Days are missing.
				Type of Service	There are very few claims with a type of service 02 (MH for Aged) or 04 (IP Psych. < 21).
		OT			
				Diagnosis Codes	About 14% of claims expected to have diagnosis codes, are missing them.
				Physician Claims	Only 4 percent of the original claims are physician claims (this is a low percentage).
				Place of Service	Place of service is missing, or no appropriate MSIS code exists, on about 20 percent of the original claims.

State	File Type	Record Type	Xover Status	Measure	Issue
NV	Claims	OT			
				Provider ID Servicing Number/Provider Specialty	The Provider ID Servicing Number and Provider Specialty codes are missing.
				Revenue Codes	There are no revenue codes on outpatient hospital department claims. These claims do have service codes, however.
				Type of Service	About 40% percent of the original claims are for Lab/X-ray services (this is a high percentage).
		RX			
				NDC	Compound drugs have a code of 'COMPOUND' in the NDC field.
				New Refill Indicator	The new refill indicator field is missing.

State	File Type	Record Type	Xover Status	Measure	Issue
NY	Claims	IP			
				DRGs	New York uses a DRG reimbursement methodology, except for certain psychiatric and rehabilitative services which New York pays under a per diem system.
				Service Tracking	The large number of supplemental payments are Lombardi payments. The Lombardi program provides case management - and some other services - to the non-institutional LT population. In Q3 1999 these claims are reported as service tracking claims. NY is going to resubmit their OT file to report these as supplemental payments.
		IP/LT			
				Expenditures	The Lombardi payments were excluded from the IP/LT 1999 MAX files.
		IP/OT			
				UB-92 Claim Form	The NYS Medicaid program does not utilize the UB-92 Claim Form for Hospital Inpatient services nor the HCFA-1500 Claim Form for Hospital Outpatient services. Instead the state uses the EMC Version 4.0 or 5.0. The state has its own rate codes that is included as an attachment with its application. Therefore, there are no UB-92 Revenue Codes on the IP or OT file (Outpatient Hospital Department claims).
		LT			
				Admission Year/Diagnosis Codes	The admission year and diagnosis codes are not available on these claims.
				Diagnosis Codes	Only a small percent of LT claims have a diagnosis code.
		OT			
				Capitation Payment Claims	NY was unable to submit PHP (BHO) capitation payment claims in 1999/2000 and the number of PCCM capitation claims was under-reported. NY continues to have a mis-match between the number of person months of enrollment in various types of managed care and the number of capitaiton claims.
				FQHC	The state does not have FQHC claims in the 1999-2000 files and in 2001 are under-reported.
				Local Codes	71 percent of the claims have local codes. Most of these are state specific rate codes.

State	File Type	Record Type	Xover Status	Measure	Issue
NY	Claims	RX			
				NDC	In the first half of CY 1999, the NDC field has leading zeros when it contains a HCPCS code.

State	File Type	Record Type	Xover Status	Measure	Issue
OH	Claims	LT			
				Admission Date	Admission date is missing
				Diagnosis Codes	Diagnosis codes are missing
				Leave Days	Leave days are missing
				Patient Status	Patient status is missing
		RX			
				Days supply	Days supply is missing
				New Refill Indicator	The new refill indicator is missing
				TPL	TPL is missing

State	File Type	Record Type	Xover Status	Measure	Issue
OK	All	All			
				MSIS ID	Starting with Q3 2003, OK began using new MSIS ID Numbers. The state submitted a crosswalk that was used to convert the 'old' MSIS IDs in MAX99 to the
	Claims	IP			
				DRGs	There aren't any DRG's as the state does not use them for reimbursement.
				UB-92	A higher than expected percent of claims do not have UB-92 codes. This is because claims for the I.H.S. and residential treatment centers are not billed on a UB-92. However, the Program Type of I.H.S. appears to be under-reported in the IP file. Some residential treatment centers may be incorrectly reported in the IP file.
		LT			
				Diagnosis Code	Most claims do not have a diagnosis code until Q2 2003.
				Patient Status	The patient status is missing on most claims untile Q2 2003.
		OT			
				Capitation Claims	PCCM is covered under PHP plans for most people, so what appears to be a shortfall of PCCM capitation claims is in reality not.
				Diagnosis Codes	Some of the diagnosis codes may have an extra zero or two because this field is not edited by the state.

State	File Type	Record Type	Xover Status	Measure	Issue
OR	Claims	All			
				FFS Services	Because so many people are enrolled in managed care, the distribution of FFS services is sometimes unusual.
		IP			
				DRGs	There are 9 state specific DRG's that aren't flagged as state codes.
				Patient Status	There aren't any claims with a patient status of 'still a patient'
		LT			
				Patient Liability/TPL	The patient liability field contains both TPL and patient liability. This can't be corrected until the whole system is revised
			XO		
				Crossover Claims	There are no claims identified as crossovers.
		OT			
				Dental Claims	There is a low percentage of dental claims as most people are enrolled in dental managed care.
				Program Type	There aren't any FQHC claims, even though the state has an FQHC program.
				State Service Codes/Service Code Flag	There are some claims with invalid 2-byte state codes, with service code flag = 10.
				Type of Service	About 1/3 of the claims have a type of service of transportation.
		RX			
				Dates	The fill date is reported in both the fill and prescribed date fields, so the prescribed date should be ignored.

State	File Type	Record Type	Xover Status	Measure	Issue
PA	Claims	IP			
				UB-92 Claim	Some IP claims are billed on non-UB92 claim forms and therefore don't contain UB-92 revenue codes.
		LT			
				Admission Date	The Admission Date is missing on about 1/3 of the claims.
				Charge	The Charge is missing on most claims.
				Patient Status	Patient status is missing on most claims as it isn't available in the state system.
		OT			
				EPSDT	The diagnosis code on some EPSDT screens is coded as 'EPSDT'.
				PCCM	There aren't any individual PCCM claims. They are currently being submitted as gross adjustments. They plan to start submitting them in Q1 2003.
				Waiver	There are not any claims identified as waivers in the 1999-2003 files, but the state believes they are in the file without the appropriate Program Type.
		RX			
				Charge	The Charge is missing on many claims.

State	File Type	Record Type	Xover Status	Measure	Issue
RI	All	IP/LT/OT	XO		
				Medicaid Paid	There are some crossover claims that have extremely high Coinsurance and Total Medicaid Amout Paid values. It is an error in the input MSIS files submitted by the state. These values should be ignored.
	Claims	All			
				Claims Files	The 1999 claims files have serious problems that can't be fixed due to the limitation of the source files (MARS). RI will have to change their system in order to fix most of these problems.
		IP			
				DRGs	There are no DRGs.
				Procedure Codes	Very few procedure codes are included in the file.
				TPL	There are only a few very large TPL payments in the 1999 file. They appear to be service tracking claims.
				UB-92 Revenue Codes	There is only one UB-92 Revenue Code on each claim because that is all that is available in the source files. Most of claims have an accommodation code and a few have only an ancillary code.
			XO		
				Crossover Claims	There are an unusually high number of crossover claims. This may be due to incorrect reporting of Medicare Coinsurance and Deductible Payments.
		LT			
				Diagnosis Codes	The diagnosis code is missing on most LT claims.
				Leave Days	The file does not contain leave days.
				Type of Service	There are no claims with a Type of Service of MH Aged in 1999.
		OT			
					There are no claims with a Type of Service of Physical/Occupational therapy.

State	File Type	Record Type	Xover Status	Measure	Issue
RI	Claims	OT		Type of Service	About 30% of the claims in the OT file have a type of service of 'other services'.
		RX		Quantity	The quantity on most claims is 0.
				Type of Service	There aren't any claims with a type of service of Family Planning.

State	File Type	Record Type	Xover Status	Measure	Issue
SC	Claims	IP			
				Patient Status	There aren't any claims with a patient status of 'still a patient'
			XO		
				Claim Count	The percentage of crossover IP claims is much higher than expected, given the small managed care program.
				Crossover Claims	A large % of the claims are for crossovers
		IP/LT/OT			
				Adjustment Claims	The files do not contain any IP/LT/OT adjustment claims. SC will start submitting as soon as they make necessary system changes.
		LT			
				Amission Date/Leave Days/Patient Status	The Admission date, leave days and patient status are usually missing.
				Diagnosis Codes	There are only diagnosis codes on IP Pysch claims.
				Leave Days	The leave days field is '0' filled instead of '9' filled when unknown.
		OT			
				PCCM	The number of PCCM capitation claims are somewhat lower than expected based on the person months of enrollment in PCCM managed care.
		RX			
				Date Prescribed	The date prescribed is missing.

State	File Type	Record Type	Xover Status	Measure	Issue
SD	Claims	IP			
				Claim Type	In 1999 Crippled Children's Hospitals were reported in the IP instead of LT file. As a result, the percentage of claims with a Patient Status of '30' is higher than expected. This problem will be corrected for 2000 files, as the claims will be mapped to MSIS TOS 07 and put on the LT file. These claims are identified as having a Provider Number of 021xxxx.
		LT			
				Covered Days/TOS	The IP covered days are mostly missing on claims with a type of service 04 (IP psych < 21)
				Diagnosis Codes	There are very few diagnosis codes on the file.
		OT			
				Dental	Virtually everyone is enrolled in Delta Dental managed care. In 1999 the PHP capitation claims are actually encounter claims from Delta Dental with the Medicaid Amount Paid by DD to their providers. Starting in 2000, this problem is straightened out and the file contains the true dental capitation claims with a type of service 21 (PHP).
				Type of Service	A much higher than expected percentage of OT claims have a type of service of physician.
				UB-92 Claim Form/TOS/I.H.S.	Indian Health Service (IHS) claims are billed on a UB-92, with a Type of Service of 12, Clinic. These claims have revenue codes, but do not have service codes.
		RX			
				Dates	The fill date is reported in both the fill and prescribed date fields, so the prescribed date should be ignored.

State	File Type	Record Type	Xover Status	Measure	Issue
TN	Claims	IP			
				IP Services	There are no IP FFS claims except for crossover claims.
		LT			
				LTC Services	LTC services are carved out of managed care so the LT file contains only FFS
				Type of Service	There aren't any claims with a Type of Service 02 or 04 in the LT file. However, there are some TOS 04 encounter claims in the IP and OT file in Q1 99. The state has been asked to move them to the LT file in future submissions.
		RX			
				Drug Claims	Originally drug claims were included in the managed care contracts. However, in July 1996, BHO pharmacy claims were carved out and in July 2000 the pharmacy services for dual eligilbes were carved out. Starting in July 2003, all pharmacy services have been carved out of managed care. The pharmacy services are processed by their Pharmacy Benefits Manager (PBM). Even though these claims are paid for on a FFS basis, they are included in the TN files as encounter claims without any Medicaid Amount Paid. The expenditures are not included in the MSIS files as service tracking claims either. TN has been asked to resubmit the 2002 Q4 and forward MSIS files to add the Medicaid Amount Paid and change the claims to FFS. This means that in the 1999-2001 files, drug expenditures are under reported.
				Fill date	The fill date was missing on all claims and so the date prescribed was used for the date of service.
				NDC	The NDC is missing on adjustment claims. The type of service is missing on most claims.
				Type of Service	Starting in 2003, the dental claims are carved out of managed care and paid on a FFS basis. This will not impact the 1999-2002 MAX files.
	RX	Encounter			
				Fill date	The 1999 encounter RX claims have the date prescribed, not the date filled.

State	File Type	Record Type	Xover Status	Measure	Issue
TX	Claims	IP			
				Procedure Codes	Texas uses the following procedure codes: "MXXX" and "KXXX"; these are codes on the National Heritage Insurance Company (NHIC) Procedure Master File. NHIC previously used these codes for: MXXX: Medicaid prior approval; KXXX: Chronically Ill Disabled Children (CIDC) Inpatient Prior Authorization.
		IP, OT			
				TPL	TX sometimes receives claims with erroneous TPL amounts that are so l so l so lgee sey won't fit ine seunt
		LT			
				Adjustmets	It was difficult to properly adjust some claims due to how they were submitted to MSIS.
				Claim Count	There is a big increase in the number of LT claims between 1999 and 2000. This may be the result of a system change.
				Missing Variables	Through 2000 Q4, and for all of 1999, LT files are missing the following data elements: Admission Date, Patient Liability, and TPL. The following variables are missing in the 1999 files, but are reported starting in 2000; Charge, Leave Days, Patient Liability. The state had to build the 1999 files from very incomplete old records.
				Patient Status	The percentage of claims with a Patient Status of 'still a patient' is much lower than expected.
		OT			
				BHO	Capitation claims from the NorthStar managed care program (BHO) are reported with a TOS of 20 (HMO) instead of TOS 21 (PHP). TX will fix this in the future.
				Diagnosis Codes	In 1999 a small percentage of claims have an invalid diagnosis code (02).
				PCCM	The PCCM $3 fee is included with any expenditures for medical services during the visit and can not be separated because of the adjustment process. So the only PCCM capitation claims are those that are paid for case management only. The combination claims (PCCM + service) are assigned the TOS based on the medical

State	File Type	Record Type	Xover Status	Measure	Issue
TX	Claims	OT			
				Place of Service	The Place of Service is missing or invalid on about 15% of the claims.
				Service Code	Many 1999-2000 Q3 claims have an invalid combination of of service codes and service code indicators based on the format of the service code.
				TPL	The TPL is not on most claims because it is carried at the header level. Texas will create a 'dummy' claim with the TPL for 2000. To create these dummy claims for 1999 would delay the submission of 1999 tapes.
				Type of Service	There are very few claims with a Type of Service of "Other Practitioner" and a much higher than expected % of claims with a Type of Service of Physician.
					There is a big change in the distribution of claims by type of service starting with MSIS Q3 2001 because the state changed its system and in the process reviewed how they were assigning type of service.
		RX			
				NDC	There are a small percent of claims with an NDC code of "COMPOUND".
		Sources			
				State Agencies	TX has a large number of state agencies responsible for the administration and processing of Medicaid claims for different parts of the program making it difficult for them to collect and report Medicaid services uniformly in MSIS

State	File Type	Record Type	Xover Status	Measure	Issue
UT	Claims	IP			
				Patient Status	No one is reported as "still a patient."
		LT			
				Admission Date/Patient Status	The ‘admission date' and ‘patient status' are missing on most nursing home/institutional claims because Utah does not retain the data on the input record.
		OT			
				Capitation Claims	There are not any PCCM capitation claims in the OT file even though the state has a PCCM program.
					Some BHO (PHP) capitation claims do not use the MSIS ID used in the MSIS eligibility file, creating a separate PSF record.
					There are very few capitation claims for people enrolled in HMOs in 1999 and early 2000. The HMO capitation claims were added starting in MSIS FFY Q3 2000.
				Program Type	Most claims for children have a Program Type of EPSDT

State	File Type	Record Type	Xover Status	Measure	Issue
VA	Claims	Encounter			
				Encounter Claims	There are encounter claims in the IP, LT and OT files beginning in Q1 1999. The RX file has encounter claims starting with Q1 2000.
		IP			
				DRGs	DRG codes are not currently available in the claims files as VA assigns DRG in a post payment process soley for cost settlement. The state expects to start submitting them beginning with Q2 2000.
				Medicaid Amount Paid	Over 20% of the 1999 claims have a Medicaid Amount Paid of $0 as there is a 21 day limit for adult IP care. Expenditure after 21 days are paid as a cost settlement.
				Patient Status	The percent of claims where the person is "still a patient" is somewhat higher than expected.
		LT			
				Leave Days	Leave days are not carried in the state's claims files.
				Patient Liability	The percent of claims with patient liability is less than expected. This is because the providers are not always consistent about including that information on the
				Patient Status	Patient status is mostly missing.
		OT			
				Capitation Claims	PCCM capitation claims are not included in the 1999 files.
				Program Type	A substantial percent of the state's waiver services are either not included in MSIS or not identified as waiver services.
				Servicing Provider/Billing Provider	The servicing and billing provider ID numbers are usually the same. When available they are putting the attending provider ID in the servicing field.
				Type of Service	VA did not submit claims for transportation services in the 1999-2003 files.

State	File Type	Record Type	Xover Status	Measure	Issue
VA	Claims	RX			
				HCPCS/Pharmacy Claims	VA does not have the capacity of using HCPCS inputs on pharmacy claims. Universal codes are used for DMEs without NDCs. Pharmacy claims without NDCs can be compounds or other unidentifiable items.

State	File Type	Record Type	Xover Status	Measure	Issue
VT	Claims	All			
				Adjustments	Across the four files, there are fewer than expected adjustment claims. Specifically, less than 1 percent of the claims are adjustment claims.
				Service Type	The end of the VT HMO enrollment in mid-2000 has an impact on the distribution of the Type of Service.
		IP			
				DRGs	The State does not use DRGs.
			XO		
				% Crossover Claims	About 1/2 the claims are for crossovers in 1999.
		OT			
				Diagnosis Codes	Through 2000, all OT claims, regardless of type of service, have something in the diagnosis code field.
				State-specific Revenue Codes	The State has State-specific Revenue Codes for Home Health and Hospice Services.
				Type of Service	About 1/3 of the 1999 claims have a Type of Service of "Other Services." In 2000 that percent started to decline.

State	File Type	Record Type	Xover Status	Measure	Issue
WA	All	All			
				MSIS ID	Some source claims, particulary adjustment records had extra 'S's in the MSIS ID field and thus didn't match the original claims. These had to be removed to construct the MAX files.
		OT			
				Service Codes	There are some duplicate service codes that have different definitions. The state did not use different Service Code Indicators so that the meanings can be differentiated. This did not impact very many claims.
	Claims	IP			
				Family Planning	There are no claims with a Program Type of Family Planning in the IP file as WA reports that FP IP services are always done as a secondary procedure.
		LT			
				Diagnosis	The LT claims do not have any diagnosis codes.
				Leave Days	The state does not pay for leave days.
				Missing Claims	The state submitted payments for IP Psych < 21 services as lump sum payments in 1999.
				Patient Status	None of the claims have a Patient Status code of 'died'.
		OT			
				Adjustments	The file does not contain voids for some adjusted claims, so there appear to be some duplicate claims. The state reported resubmitted claims as originals, so there are some adjustment sets with just 2 originals, but no void.
				Capitation Claims	There aren't any PCCM capitation claims, although there is some PCCM

State	File Type	Record Type	Xover Status	Measure	Issue
WA	Claims	OT			
				Missing Claims	WA does not include individual claims processed by 6 agencies within the Dept. of Social and Health Services. These agencies are Childrens Administration, Juvenile Rehab. Administration, Mental Health, Division of Developmental Disabilities, Aging and Disabled Administration, Div of Alcohol and Substance Abuse). They were submitted as service tracking claims in the 1999 files with a TOC = 3. They are not included in the 2000 files, but will be included again as service tracking claims in the 2001 and 2002 files. Starting with 2003, WA is planning to submit them as individual claims instead of service tracking.
				Waiver Services	There are no individual claims for waiver services in the 1999 files.
		RX			
				Adjustments	WA put the Date Prescribed into the Date Filled field from Q1 1999 - 2002. They are correcting and resubmitting the Q1 2003 forward RX files to correct

State	File Type	Record Type	Xover Status	Measure	Issue
WI	All	All			
				MSIS ID	WI is not an SSN state, but they submit MSIS records as if they were. The MSIS ID is the SSN plus a 1 byte check digit. In order to link the EL and claims for MAX, the check digit had to be dropped and the replacement of temporary IDs with SSN's was done as if they were an SSN state.
	Claims	OT			
				Adjustments	The WI capitation claims could not be properly adjusted because the dates on the adjustment claims do not match those on the original claims. The result is that there are some capitation claims in the file that were actually voided.
				Capitation	The PHP capitation rate is very high as it is used to cover managed care services for aged and disabled beneficiaries.
					WI changes the date of service to match the date of payment since the HMO capitation claims are made propesctively and their system won't allow payment for a service before it is rendered. This means that if a capitation payment for April is made in March, the dates of service will be changed to March resulting in the cap payments always being one month prior to the managed care enrollment. Also, this results in the adjustments not linking to the original claims by date of payment.
				Diagnosis Codes	The state system requires diagnosis codes on all claims regardless of TOS
				Plan Types	There are 2 non-comprehensive plan types that appear on the eligibility file with capitation claims with a TOS of 20. They are Plan ID 65 (PACE) and Plan ID 66 (Other managed care). WI will start reporting the capitation claims for Other Managed Care with a TOS of 21 (PHP) starting with the 2001 files.
				UB-92	UB-92 code 001 occurs on many OPD claims as the state uses it for rate reimbursement
				UB-92/ER	The Place of Service of ER is under-reported because it is only picked up using UB-92 revenue codes. The state plans system change to pick up ER for all ER

State	File Type	Record Type	Xover Status	Measure	Issue
WI	Claims	RX		Prior Authorization Drugs	Prior authorization drugs are coded with 11 '8's

State	File Type	Record Type	Xover Status	Measure	Issue
WV	Claims	IP		Program Type	There are no claims with Program Type of family planning
		LT		Diagnosis	Diagnosis codes are missing on most claims.
				Type of Service	There aren't any claims with a TOS of MH Aged.
		OT		Capitation Claims	The 1999 and 2000 files do not contain individual HMO capitation claims.
				Place of Service	The Place of Service of ER under reported in MSIS until FFY 1999 Q4.
		RX		Program Type	Family Planning may be under-reported in the 1999 files.
				TPL	TPL is missing on all claims.

State	File Type	Record Type	Xover Status	Measure	Issue
WY	Claims	IP			
				DRG	WY does not use DRG for reimbursement.
		LT			
				Admission Date	The admission date is missing.
				Diagnosis Codes	The diagnosis code is missing on most records.
				Type of Service	There aren't any claims for Type of Service 02 (MH for aged) in Q2-499.
		OT			
				Capitation Claims	Wyoming has no managed care and therefore no capitation claims.